



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL

NOTICE OF INTENT (NOI)
WATER TREATMENT PLANT DISCHARGE PERMIT

Facility Name:	County:
Street Address or Location:	Latitude:
	Longitude:
<p>■ All entries must be in ink. ■ Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility. ■ This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. ■ If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number: _____.</p>	

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the site name or the official contact name)

1	Official Contact Person Name: (individual responsible for a facility)	Title or Position:		
	Mailing Address:	City:	State:	Zip:
	Phone: ()	E-mail:		

2	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State: TN	Zip:
	Phone: ()	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

PROCESS DESCRIPTION (Reply on a separate page, if necessary)

Name of surface waters receiving the discharge (and the mileage point, if available).
A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant, oxidizing enhancers, etc.
Design capacity of treatment plant in million of gallons per day (MGD): _____ Number and volume of sedimentation basins: _____ Average flow of finished water production in MGD over 12 months prior to submission of the NOI:
Filter backwashing. Number of filter backwashed: _____ Frequency for each filter: _____ times per week. Amount of water used to backwash: _____ for each filter. Frequency sedimentation basin is washed out: _____ times per year. Amount of water used to wash out the largest sedimentation basin: _____ gallons. Type of treatment provided for backwash and sedimentation basin washwaters and the design capacity of the treatment system.
Water is released from the backwash settling basin _____ times per week for _____ hours per release and a volume of _____ gallons per release. For existing facility, give averages from last 12 months of operation. For new facilities, indicate "not available". Describe more fully, if necessary.

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Printed Name	Official Title	Signature	Date

STATE USE ONLY

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No.	EAC
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

Submit the original completed and signed form to:

WTP NOI
Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534